PTO/SB/17 (06-07) Approved for use through 06/30/2007. OMB 0651-0032

Date JUNE 21, 2007

Under the Paperwork Red	luction Act of 1995	no persons are req	uired to r	U.S. Patent espond to a collection	and Tradem	ark Office; U.S. DE	PARTMENT OF COMMERCE s a valid OMB control number	
Effective on 12/08/2004.				Complete if Known				
FEE TRANSMITTAL				Application Number 10/61		613,301		
				Filing Date July 3		ly 3, 2003	3, 2003	
For FY 2007			First Named Inv	entor HII	HIDEKI KEMMOCHI			
				Examiner Name	i	ABUL K. AZAD		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2626		
TOTAL AMOUNT OF P	AYMENT (\$)	120.00		Attorney Docke	t No. 05	1270-0304672		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 033975 Deposit Account Name: PILLSBURY WINTHROP, et al								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SE							_	
FILING FEES SEARCH FEES EXAMINATION Small Entity Small Entity Small								
Application Type	Fee (\$)	Fee (\$)	<u>Fee (</u> \$		Fee (\$)		Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0	 -	
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Each claim over 2	0 (including R	eissues)				50	25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims				- · · · · ·		360	180	
<u>Total Claims</u> - 20 or HF	Extra Clair	<u>ns Fee (\$)</u> x	<u>Fe</u> -	e Paid (\$)		Multiple De	ependent Claims Fee Paid (\$)	
HP = highest number of						1.66 (\$)	<u>ree Faid (\$)</u>	
Indep. Claims	Extra Clair		Fee	e Paid (\$)				
-3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge): EOT								
SUBMITTED BY		\						
Signature	Registration No. (Attorney/Agent)	11.204	Telephoi	^{ne} 213-488-7100				
<u> </u>	TIN	7		(Attorney/Agent)	.,207	· ·	_10 +00 F 100	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Name (Print/Type) ROGER R. WSE